

Harrison Recreation Department

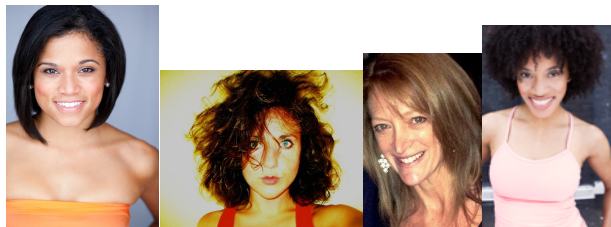
And



6 - WEEK WORKSHOP

Registration Fee: \$150

10% of the proceeds to benefit The Blythedale Children's Hospital!



TUESDAYS APRIL 19 th – MAY 24 th	
	5:40pm-6:40pm Pre-Teen & Teen Jazz/Hip Hop
	6:40pm-7:40pm Pre Teen & Teen Modern Dance
	7:40pm-8:40pm Adult Modern Jazz Dance Fitness

- Contact Director, Wendy Wood Barletta to register at (914) 714-2131 or at danceworks2000@aol.com.
- Classes will be held at the Veterans Memorial Building (210 Halstead Ave.)
- As with any physical activity, check with your doctor to be sure it is safe for you to enroll in this activity.
- Registration form on the reverse side of this schedule

*****Special Guest Instructors** LaToya Brooks, Megan Daly & Pilin Anice! **LaToya Brooks** is currently in her seventh season as a lead Knicks City Dancer and team captain/choreographer for the last 2 years. LaToya has danced with Pitbull, Rihanna, Jason DeRulo, Flo Rida and was recently featured in a major motion picture! **Megan Daly** has taught at Broadway Dance Center, Steps on Broadway, Manhattan Movement and Arts Center and Peridance in NYC. She won several regional and national choreography awards and has choreographed many musicals. She performed with Brice Mousset Co, Connecticut Ballet and others companies. **Pilin Anice** is a dance and yoga instructor, holistic nutrition coach, performing artist, and model. She has been featured on the Today Show, BET/CentricTV, and YogaXpress. Pilin is a certified Afro Flow Yoga instructor. As a professional performer, Pilin has performed Off-Broadway, on National Tours and in regional productions.. She has modeled in commercials, print ads, and industrials for many Fortune 500 companies including Disney, Visa, Google, and Canon. She has also worked extensively as a vocalist performing in concerts and cabarets throughout New York City.



Harrison Recreation Department
And



WORKSHOP REGISTRATION FORM

FEE: 6 - Week Workshop \$150 (\$285 for 2)

Dance Works Registration Form (please make checks payable to Dance Works)

Participant Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **E Mail:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Class Description/ Time: _____ **Class Description/Time:** _____

**** Please list any health related problems or special considerations on this form****

Waiver of Liability: I understand that injuries are inherent with any physical activity. In the event that an injury occurs to myself or a family member, I agree not to hold Dance Works, the class instructor or the Harrison Recreation Department liable for any and all claims for bodily injury and property damage arising from participation in any Dance Works classes and activities. Dance Works, the class instructor or the Harrison Recreation Department will not be held responsible for any health problems or for any accident resulting from failure to inform Director and instructor(s) of any conditions affecting student's health, either on this application or during class.

Signature (parent or legal guardian if student is a minor): _____ **Date:** _____

For Office Use Only	Payment Receive Date _____
Check # or Cash: _____	Ammount: _____

